



Certificate of Need (CON) Program

Customer Satisfaction Survey Form

assessing the opinions and recommendations of the people we serve . . .

Customer Name (optional): _____ Response Date: _____

Individual Questions:

- ☐ Yes ☐ No 1. Did you receive adequate assistance from CON staff?
- ☐ Yes ☐ No 2. Was the CON web site information helpful?
- ☐ Yes ☐ No 3. Did the CON Rulebook provide all of the information you needed?
- ☐ Yes ☐ No 4. Was the CON program's response timely?
- ☐ Yes ☐ No 5. Are CON meetings and hearings fair and impartial?

Comments:

List any additional observations and/or recommendations about these and any other questions and/or concerns that you may have:

(upon completion, email this form to mocon@mchsi.com)